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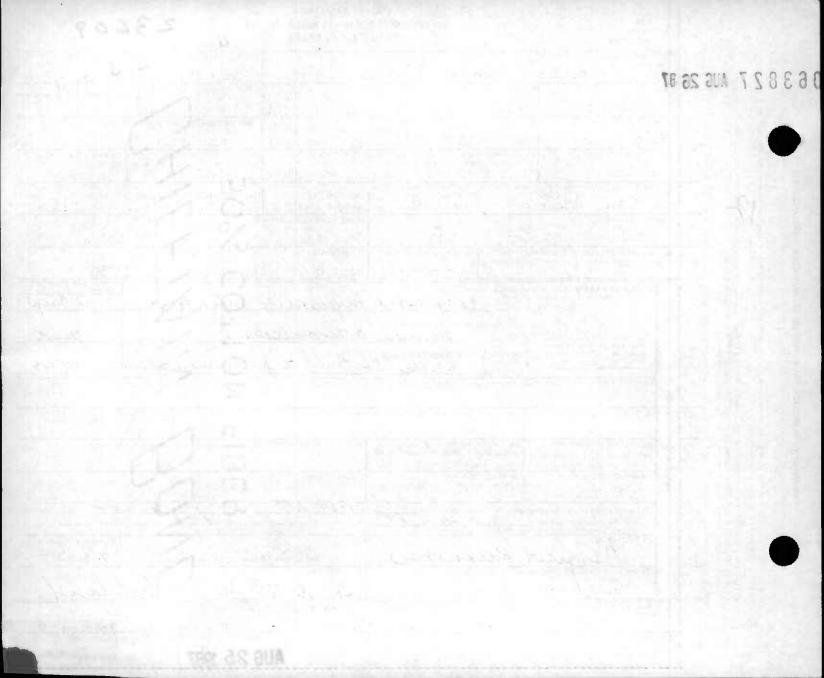
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR				CERTII	FICATE OF DEATH	Н	8 REG. N		60	
		CEASED NAME	FIRST		WIDDLE		EAST	1	O DATE OF DEATH	MONTH 2	DAY YEAR	26 HOUR
AUG 26			Nellie	So	phia	BAL	L		July 30,	1987	5 6	1233 AM
100 20	3 SE	X		4 RACE		5. DATE		6	AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF NUMBER 24 NOS
		Female		White	e	Sept	ember 17,	19 11	75	YRS	MONTHS BATS	HOURS
VET	7a. BI	RTHPLACE (STATE C	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIE	_ 9	BALTIMORE CITY		OF DEATH	
00	W	est Virgi	nia		USA	WIDOW			Garret	t		MC
15		ITY OR TOWN OF D				NG HOME	OR OTHER INSTITUTIO	I NC	20 USUAL OCCUPAT	ION		F BUSINESS OR
65		Dakland		Garret		memor	ial Hospit	al (Housewife		E) INDUSTRY Ho	me
25	USU. 13a. S	AL RESIDENCE (IF NO	136 COUN	TY	13c. CITY OR TOV	MM	134. INSIDE CITY LIM	AITS?	3e STREET ADDRESS	/ ZIP CODE		
10		Md.	Garre	ett	Oakland	d	YES X NO		626 E. H	igh St	•	21550
117	14. FA	THER'S NAME FIRST		AIDDLE	LAST		15. MOTHER'S MAID		WIDDLE		LAS	ī
184	_	Edward		sley	Roth		Pricil	.la			Wolfe	
medico		VAS DECEASED EVE		WAR OR DATES	166 SOCIAL SEC		17 INFORMANT		ADDR	ESS		
Ĕ/		No			236-64-	-3001	Milton L.	Ball	l, Oakland	, MD	21550	
- 4 f		18 CAUSE OF DEA	TH (Enter onl	y one couse per	line for (a), (b), a	nd (c).1					APPROX BETWEEN	MATE INTERVAL
ven ven		PART I. DEATH		D BY: E CAUSE (a)	Complice	ated	myours	tial.	infarcti	(R)	7	1 days
stieni e raumat		Canditions, if or		(6)	R AS A CONSEQU	diac	atherosc	elen	515			years
ner 1	gave rise to immediate cause [D], stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF before her pulmorary diseases.								1			
or oth		underlying cau	se last.	(c)_	seve	W O	BETMEN	E pe	elenorae	y disch	co	years
ond Mental Hygiene prior to burkked or Item 18:	Z	PART 2. OTHER SIG	GNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	E TERMIN	AL DISEASE OR CON	IDITION GIVI	EN IN PART I	0
in a sign	CERTIFICATION	19a DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20h IF YES	, WERE FINDIN	VGS LISED
a d	FI									IN CERTIF	YING CAUSES	OF DEATH?
ygie	ERT	21a. ACCIDENT WAS U	NDERLYING [21b. TIME C	F INJURY	_	121r HOW IN ILIRY O	OCCUPPE	YES NO X	YES		NO []
H OF		OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH D	DAY YEAR		DECORRE	> (EMIER NATURE OF INTE	JAT IN ITEM IS E	RI (ORPARI 2)	
Went	MEDICAL	21d INJURY OCCU		P. 21e. PLACE	M.	19	211. LOCATION					
edo	ME	WHILE NOT	WHILE		REET, FACTORY, OFFICE,	FARM ETC)	STREET		CITY OR TO	NWC	COUNTY	STATE
5 9		AT WORK AT W	ORK				10 00		0	0 30	01	
Heol is m		220.1 certify that (1/	deceased from.		707,19		, 10	g. H_	19.5.	that (I) (we) last
n. 21		abave, (1) (we)	(did) (did nat	view the bady	offer death.		nd that in (my) (our) o	pinion dec	ath accurred on the d	tate and haur	ond from the	causes stated
Dep f fter		22b. SIGNATURE		11/			DEGREE	N 100	mento cr.		22c. DATE	SIGNED
e T		Mar	sahi	-	un	0.	ATTEND	IAN	MEDICAL STA		7/3	0/87
with the State Dept.		22d. PHYSICIAN'S	AND TAME OF	PENAT)			22e ADDRESS	/-	• 0	0	20	-
with the Stat		Dr. Ma	rgaret	Kaiser	, MD		311 N	145	1/2 3	Va	Melas	ud
3 ≧		SURIAL, CREMATION		23b. DATE		NAME OF C	EMETERY OR CREMAT	TORY	23d. LOCATION	-		
-		SPECIFY)	. 1	01.10					CITY OR TOWN		COUNTY	STATE
		buria	11	8/1/8	3/ Te	xas C	emeterv		Horse Sh	00 P	Dw. "	T 77.7
50M 7/84	24. FU	JNERAL DIRECTOR	11	8/1/8	ADDRESS	xas C	emetery 25	So. DATE R	Horse Sh	oe Run	Prest	On, WV

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (5)

]]-	STATE REGISTRAR		MI	EDICAL	EXAMIN	ER'S C	ERTIFICATE	OF DEA	TH REC	G. NO.		
063	743 AUG	26	COMED NAME	FIRST		WIDDLE		L.	AST		20 DATE KNOW	N TO MONTH	DAY YEAR	26 HOUR
				Jeffi	cey	Alan		Bei	rnard		OF ESTI-	0 0 8	18 19 87	N
	DIRECTOR. DIRECT	3. SE2	4 RA	CE	5. DATE OF BIRTH		6 AGE (IN YEA				2c. DATE PRONOUNCED	MONTH	DAY YEAR	2d HOUR
	N.S. OUR	I	Male Wh	ite	Jan. 4,	1966	21 YR	MOINTING	DAYS HOURS	MIN.	DEAD	8	18 1987	10:14
	SEA TO		RTHPLACE (STATE OR REIGN COUNTRY)		76 CITIZEN OF V	VHAT COUN	TRY?	MARRIE	D NEVER MARI	RIED X	9 BALTIMORE C	ITY OR COUN	TY OF DEATH	10111
	828	ALC: N	Maryland	_//	USA			WIDOWE			Garrett			MD
	SHARE C	10 C	TY OR TOWN OF DE	ATH	11. NAME OF HO			OR OTHE	RINSTITUTION		AL OCCUPATION		OR INDUS	
	Social Control		akland						Hospital	Sa	alesman		Retail	Sales
BALTIMORE, MD. 21201	X 35		AL RESIDENCE (IF IN N TATE Md.	136. COUN		13c. CITY	OR TOWN CHenry		3d. INSIDE CITY EIMITS?	13e STRE	EET ADDRESS . 219, B	ox 60	215	54 1
W.	INGSZ/T	14. F.	ATHER'S NAME		MIDDLE		1467		15 MOTHER'S MAIL	DEN NAME	MIDDLE		LAST	
E.	SEE STO		Mervin	Ro		Bernar	d		Nancy		Lee	Mur	ray	
W	計劃/	160. \	VAS DECEASED EVE		MED FORCES?	16b. SOC	IAL SECURITY	'NO.	7. INFORMANT	100	ADD	RESS		
ALT	全部是各种		No			21:	3-64-95	586	Mervin F	R. Ber	nard, Se	ee #13	above	
	W W		18 CAUSE OF DEA	TH (Enter onl	y one cause per lin								APPROXIMA BETWEEN ONS	TE INTERVAL
SNS	A HERN	1-	715		E CAUSE (a)		& Chest		uries				Sudde	en
ESTO	NOW NOW	/	0/0	1	DUE TO, O	R AS A CON	ISEOUENCE C)F						
2	WITH VCIL NEE RAN RE		Conditions, if gave rise to	immediate	(b)									
¥ .	A PEN		lying cause los		DUE TO, O	R AS A CON	SEOUENCE O)F						
5, 20	NO NE PER PER PER PER PER PER PER PER PER PE				(c)									
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	ULD BE EXECUTED WITHIN "PENDING" IN PENCIL FF MEDICAL EXAMINER FED SA B BURSAL - TRANSI HEATTH AND MENTAL HA AL, CREMATION, OR REM	Z	PART Z OTNER SIGNIFICA	NE CONDITIONS	EDMIRIBUTING TO DEAT	N BUT NOT RELA	TEO TO THE TERMI	NAL OISEASE (OR CONDITION GIVEN IN P	ART 1 (a.				
R	HEA A MEA	CERTIFICATION	190. DATE OF OPER	ATION	196 COND	OITION FOR V	WHICH OPERA	ATION WA	S PERFORMED?				20 AUTOPS	1?
ITA	DE SE	F											YES [X	NO
OF V	CATE SHOULD HE WORD "PIND BE USED TAKEN TO FINE	1 2	71s. EXTERNAL CAL		21b. TIME C	OF INJURY	DAY YEAR	21c HO	W INJURY OCCURR	ED (ENTERN	IATURE OF INJURY IN IT	EM 18 PART I OR P		
NO	SHOOF	MEDICAL	UNDERLYING X	OR CAUSE OF E		M. 8	18 19 87	7 000	cupant in	auto	fixed o	bject i	impact	
Visio	IS CERTIFIC REDED TO GE 3 SHOL TE DEPART	Ö	21d INJURY OCCU	RRED	21e PLACE	OF INJURY	(AT HOME,	211. LOC	ATION		CITY OR TOWN		OUNTY	STATE
۵	E, WRITI E, WRITI E, WRITI PAGE 3 STATE D	2	WHILE NO	WHILE X	l r	road	6.1)		Creek Ro	d,	McHenry		arrett	MD.
	R. P. VIE.				e of the remains d	escribed obo	ve, held an	Autopsy	X Inspection	on .	Inquiry .	and in my o	pinian	
	XAMINER: EERTIFICATION BE FOR SIRECTOR: WITH THE		death resulted fro	m:)Natur	al couses	Accident	X	cide .	Hamicide .	Undete	ermined manner			
	EXA CERT DIED E		1	W.	1	(10 U	()		TITLE (SPECIFY)					
	SHOUSHOUS SHOUL	1	SIGNATURE	mar	13 -	Tell	A	174	Assistan	tMEDI	CALEXAMINER	DATE	8/19	/87
	NER SE TE		EXAMINER'S NAME			~ 22	V.							
	TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD B TO FUNERAL DIRE AFTER DEATH WITH BATTIMORE, MARK		(TYPE OR PRINT)	r	Mario F.	Golle	, Jr, N	1.D. A	DDRESS	Penn	St. Ba	Ito.MD.	•	
	5X45X4	23a.B	URIAL, CREMATION,				NAME OF CEM			CITY	CATION	COL		STATE
07/84 25M	BP	-	buria	1	8/21/87	Gar	rett C	o. Me	m. Garden					nd
ZəM	DHMH - 17		UNERAL DIRECTOR		ADDRE				750. DATE		REGISTRAR 25b	REGISTRAR'S	SIGNATURE	Die
	(VR A15 ME (5))	Br	adley A.	Stewar	t Oakl	and, M	iarylan	d 21	550 AL	JG 25	198/ 9	SWIT THE THE	-	

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unrector, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.	0	
REG. NO.	177	

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R	2b.	HOUR	

		FOR STATE REGISTRAR		DEPART		ICATE OF DEATH	JENE 2 3	6		
		GEASED NAME FIRST	N	AIDDLE		AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
	TYPE	ORPRINT) Alvin	Clay	ence	BREUN	TNCER	Augus	+ 27.	1987	3:50 am
	3. SEX		14 RACE	ence	5. DATE O		6. AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HRS
		Male	Whit		MONT	26, DAY 1898 YEAR	89		INTHS DATS	HOURS MIN.
1	-	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY	OR COUNTY O	OF DEATH	
	C	Maryland	USA		MARRIE	D NEVER MARRIED U	Garrett			MD
2	_	TY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
		Dakland	Rt. 1	BOX 15			Farmer	OF WORKING LIFE)	Gen	Farming
	USUA	AL RESIDENCE IN NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)	Carlos Carlos		•	00110	
ζ		TATE 13b COL	rett	Oakland	N	13d. INSIDE CITY LIMITS?	Rt. 1 BC	x 155	2155	0
1		Maryland Gar THER'S NAME	rect	Cartain		15. MOTHER'S MAIDEN NA		X 133	2133	0
)	FIRST	WIDDLE	LAST TO STATE OF THE STATE OF T		FIRST	P. MIDDLE		Gortne	
-	Ián V	John (VAS DECEASED EVER IN U.S. A	RMED FORCES?	Breuning	_	Mary 17. INFORMANT		ESS 6745		
/	(1	(IF YES, G	IVE WAR OR DATES)	215-36-						h. 45243
	1	No				Robert P. Mi	TIEL - CI	ncinna	-	IMATE INTERVAL
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only ane cause per ED BY:	line for (a), (b) an	d (c).1	001			BETWEEN	ONSET AND DEATH
		IMMEDIA	ATE CAUSE (a)	aspen	100	lesoses			11 00	1
			DUE TO, OF	R AS A CONSEOU	ENCE OF				/	
		Conditions, if any, which	(b)		_					
	1	couse (a), stating the	DUE TO, OF	R AS A CONSEQUE	ENCE OF					
		underlying cause last.	(c)_						1	
	"	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH 8UT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	IDITION GIVE	N IN PART I	a
	CERTIFICATION									
1	CA	190. DATE OF OPERATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES	
	E E						YES NO	YES		ио 🗆
1	G	210. ACCIDENT WAS UNDERLYING	- 110110 4	FINJURY M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	JRY IN ITEM 18 PAR	RT I OR PART 2)	
7	AL	OR CONTRIBUTING CAUSE OF D	EMIN		19					
	MEDICAL	21d. INJURY OCCURRED	?le. PLACE			211 LOCATION	CITY OR I	OWN	COUNTY	STATE
	Z	WHILE NOT WHILE AT WORK	(AT HOME SIR	PEET, FACTORY, OFFICE, F	FARM, EIC)	SINCE			00	
		220.1 certify that (1) (this has	pital) attended the	e deceased from_	Alin	e 18, 19 73	_, to de / C	the 1	2/	that (I) (we) last
		saw the deceased alive a abave, (I) (we) (did) (did r	in	195	0,0	nd that in (my) (aur) opinion	death occurred on the	date and hour	and from the	causes stated
		278. SIGNATURE	at) view the bady	after death.		DEGREE			22c. DATE	SIGNED
		69/11		un (ATTENDING PHYSICIAN F	DIRECTOR PHYSI		27	287
1		224. PHYSICIAN'S NAME (TYPE	OR PRINT)	1100		22e. ADDRESS	A DIRECTOR LITTIES	CIAIT	1/4	ary of
		A.E. Mance	. M.D.			Third St.	Oakland, N	Marylan	d 215	50
-	23g. P	BURIAL, CREMATION, REMOVA		23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	- 7 - 200		
		Burial /	/ 8/30/8			n's Cemetery	Red Hous	eo Ga	rrett	Marvlar
		DOT TOT	1 0/20/0	ی ا		III O CCHECTATA	Thea bour	Ju Ga	44666	THAT Y TOIL

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove corbon papers. Pags with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physician.

TO HOSPITAL OR

BP.

injury, ar other traumotic event, the

IMPORTANT: If Hem 21 is morked or Item 18 shows any

24 FUNERAL DIRECTO

Durst Funeral Home Oakland, Md. 21550 750 DATE REC'D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE

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Sento Jan IV 287				
and the second of	titl it reading.	ETPH-TE-FIC		

STATEC	FMARYLAND
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64619 SEP.	3 BTOR REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 2 3 6	1 2	
m 5	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST		DAY YEAR 2b. HOUR	
noy be page 3 r deoth	Charles	Lloyd	DAVIS	August 29, 19	87 1:30 A _M	
ler de la	3. SEX	4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS	
rrs of	Male	White	March 31, 1914	73 YRS.	ONTHS DAYS HOURS MIN.	
ne pl dir	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT CO	OUNTRY? 8. MARRIED WIEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH Garrett		
by the further of the formal the	Oakland	(IF NOT IN SUCH FACILITY,	I, NURSING HOME OR OTHER INSTITUTION GIVE STREET ADDRESS) Memorial Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Auto Body Tech.	126 KIND OF BUSINESS OR INDUSTRY Automobile	
4 hour	Maryland Ga	DUNTY 13c. CITY	r or town 13d. Inside city limits? kland yes 🗟 NO 🗌	13e.STREET ADDRESS / ZIP CODE 12 N. Wilson St		
mpletely and 2 s	Wilbur La	wton Dav	is Ona	MIDDLE	Lantz	
igge be executed within \$4 hours ysicipn and completely an by opeys. Pages 1 and 2 shadlar from the first work.	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	-01-9049 Mrs. Oneda	ADDRESS Davis - same as	13	
the death certification of the common certification of the common of the common of the certification of the certif	PART I. DEATH WAS CAL	DUE TO, OR AS A CO	ONSEQUENCE OF	copo	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
ORDS, 201 W requires that een signed by t. Then please for to burial. cr	PART 2. OTHER SIGNIFICAN		TING TO DEATH BUT NOT RELATED TO THE TER	V		
TAL REC TAL REC The low icion. The hos be not permit permit giene pri	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		OR WHICH OPERATION WAS PERFORMED	YES NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \(\text{D} \)	
TYSICIAN: ding physis s certificat burial-tron Mental Hy or Item 18-	OR CONTRACTOR CAUSE OF	DEATH HOUR A.M. MO	NTH DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 P)	ART 1 OR PART 2}	
IVISION G PHYS offendir ter this is the bu h ond M rked or	WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTO		CITY OR TOWN	COUNTY STATE	
ATTENDIN spitol or CTOR: Af for use of Healti	sow the deceased alive	not) view the body after dea		n death accurred an the date and hour	ond from the causes stated	
TAL OR A by the how the how to be detached detached tote Dept.	22b. SIGNATURE	TIV	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED	
O HOSPITAL etained by the TO FUNERAL should be det with the State	Thomas G.	Johnson, M.D.	Fourth St.	Oakland, Maryla	nd 21550	
BP	23d BURIAL, CREMATION, REMOVE (SPECIFY) Burial	/AL 23h DATE 8/31/87	23c. NAME OF CEMETERY OR CREMATORY Oakle nd Cemetery	CITY OR TOWN	county state	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Durst Funeral	Home Oaklan		TE REC'D. WEED THAT IS, REPORTS		

Oft T	A CONTRACTOR OF THE			54th.03	oviewith C
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in reduction	the what as mile	For kene	Telegramic.	al departed	lian film
02370			Line for	no de deservir	en i Bala Terrati
	er = t		-1	en en en en	and the
	or organ - alven		and the	r	
			40-11		

STATE OF MARYLAND

065335 SEP	1.	FOR STATE PEGISTRAR			DEPAR		EALTH AND MENTA		2 3 REG. NO.	6	3
	1. DE	CEASED NAME	FIRST	M	IDDLE	t.	AST	20 DA	TE OF DEATH MONT	H DAY YE	AR 2b HOUR
by be age 3 death			Seym	our :	cob	Du	mire	1	Aug. 31.	1987	715:PM
Ter d	3. SE	X		1. RACE	a	5. DATE C	F BIRTH	6 AGE	(IN YEARS LAST BIRTHDAY		YEAR IF UNDER 24 HRS
ge 4 ector rs of	,	Male		Whi	ite	Aug	0 -00		86	YRS.	ATS HOURS MIN.
Pod a	7a. B	IRTHPLACE (STATE OR F	FOREIGN	7b. CITIZEN OF V	VHAT COUNTR	Y? 8.	NEVER MARRIEL	9 BALT	IMORE CITY OR CO	UNTY OF DEAT	Н
nero nero	1	WV.		USA		WIDOWE			Garret	tt	MD.
with with	10. €	ITY OR TOWN OF DEA	ATH		OSPITAL, NURS		R OTHER INSTITUTIO		UAL OCCUPATION		ND OF BUSINESS OR
by the	1	Dakland	/	Garre	ett Co	unty M	[emorial				Coal
212	USU 13a	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION,	INE RESIDENCE BEF	ORE ADMISSION)	13d. INSIDE CITY LIMI	ITS? II3e STR	EET ADDRESS / ZIP	CODE	OCHOCA.
AND 224		WV.	Tuc	ker	Thom	as,	YES NO		Rural	(17979
RYL,	ME	ATHER'S NAME FIRST	-141	WIOOLE	LAST		15. MOTHER'S MAIDE		WIOOFE		LAST
MA maple ond	V	Georg			Dumi:	re	Fann	nie			Watring
ORE, xecut		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMANT		ADDRESS	11100	
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours ysician and camplerely filled in bi opers. Pages 1 and 2 should be fill val		No	(11.11.0)		236-0	3-7237	Norma	Dumire	Oak	land. N	[d
SALT orte la pers		18 CAUSE OF DEAT	H (Enter on	ly one couse per l	ine for (a), (b),	and (c1.)	0			BETY	PROXIMATE INTERVAL WEEN ONSET AND DEATH
Trifico		PART I. DEATH W		E CAUSE (o)	Renie	240	aulus				
or r		6 10 10 1		DUE TO, OR	AS A CONSEG	UENCE OF					
PRESTON death or recording, or		Conditions, if ony,		((b)	CHI	2	he not	ous u			
		gove rise to imm couse (a), statin	ng the	DUE TO, OR	AS A CONSEC	UENCE OF) \				
		underlying couse	lost.	(c)			0_			0.00	
	z	PART 2. OTHER SIGN	VIFICANT	ONDITIONS CO	NTRIBUTING T	O DEATH BUT	NOT RELATED TO THE	E TERMINAL DIS	SEASE OR CONDITIO	N GIVEN IN PAI	RT 110
ORO THE STATE OF T	CERTIFICATION	19a DATE OF OPERA	TION	101 CONDI	IONI FOR WILL	CII OBERATIO	N WAS PERFORMED	120-	AUTOPSY? 20b	IF YES, WERE FI	ALD NOS USES
A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	5	196 DATE OF OPERA	1014	198. CONDI	TOTA FOR WHIC	LII OPERATIOI	N WAS PERFORMED		IN	CERTIFYING CA	USES OF DEATH?
E 49 1116	===	21a. ACCIDENT WAS UNE	DERLYING T	216. TIME OF	INJURY	100	21c HOW INJURY O	YES COURRED (EN	TER NATURE OF INJURY IN IT	YES	NO 🗆
A State of the sta		OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.A	A. MONTH	DAY YEAR		CCORNED (EN	TER TOR OF HOODE IN	Em ID PART I OR CAP	
No Series	MEDICAL	(IF EITHER, NOTIFY MEDI 21d, INJURY OCCUR!		P.A 21e, PLACE C		19	21f. LOCATION				
A The state of the	M.	WHILE NOT WE	HILE		ET, FACTORY, OFFIC	E, FARM, ETC)	STREET		CITY OR TOWN	COUNT	TY STATE
Da Share		22a.1 certify that (I)		tal) attached the	dhearend from	8/11	10	82 1	\$	10 3	L, that (i) (we) lost
A7 8 5 2 4		saw the decease	ed olive on	8/31	1 4719		d that in (my) (our) or	pinion death oc	curred on the date or	- ' /	
TA DE STATE OF THE		above, (I) (we) (c	did) (did no	t) view the body o	fter deoth.		DEGREE				DATE SIGNED
0 0 0 0 0 0			15 m	1. DO	71	7	ATTEND	ING MEDI	CAL STAFF		
4 7 4 8 8 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1	22d. PHYSICIAN'S N	AME (TYPE O	R PRINT)		-	PHYSICI 22e ADDRESS	IANX DIREC	TOR PHYSICIAN		
Spanie de la companie											
54 54 4	230	BURIAL, CREMATION,	DEAAOVAL	23b. DATE	1 22	NAMEOFO	EMETERY OR CREMAT	TORY [224]	LOCATION		
000000		(SPECIFY) Buria					ertown	230.		COUNTY	cker WV
177777	24 F	UNERAL DIRECTOR	Latin	1111		DITOLI		Sa. DATE REC'D.	BY REGISTRAR 25b.	EGISTRAT'S SIE	DIATO WY
(VRA 15, 4)		Lester R	. Hi	nkle	Davis	WV.		SEP 1	0 1987 8	min more	P. Ver Manner
(4114 13, 4)	-	TODOCT T	t O Allado	AAAMI-L O	TOTATO	, ,,,,		7			

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTIF	ICATE OF DEATH	REG	NO.	\$		
	CEASED NAME	FIRST	,	MIDDLE	1	AST	20 DATE OF DEATH		DAY YEAR	26 HOUR	
	E OR PRINT)	na	Grad	ce F	ALKEN	STEIN	August	3,	1987	5 a	
3. SE)	X		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER ! YEAR	IF UNDER 24 HRS	
F	emale		White	е	Jan.	25, DAY 1888 YEAR	99	YRS	MONTHS DAYS	HOURS MIN.	
	IRTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER MARRIED 3	9. BALTIMORE CIT	Y OR COUN	ITY OF DEATH		
W.	· Va.		USZ		WIDOWE	D DNORCED	Garret	t		N	
	rantsville	TH	(IF NOT IN SUC	HOSPITAL, NURSING THE FACILITY, GIVE STREET A 11 Mennon	DDRESS)	one	120. USUAL OCCUP	ST OF WORKING	LIFE) INDUSTRY	of Business O paper	
13a. S	AL RESIDENCE (IF NURS) STATE aryland	136 COUN Garr	ITY	OIVE RESIDENCE BEFORE 13t. CITY OR TOWN Oakland		138 INSIDE CITY LIMITS?	13e.STREET ADDRE			.550	
FA	John	M	MIDDLE	Falkenste	in	15. MOTHER'S MAIDEN NA FIRST Annie	ME MIDDI		Leigh	iton	
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI	RITY NO.	17. INFORMANT	AD	DRESS			
No		(# TE3, O1V	L AR OR DATES)	213=01-8	702	Karl V. Kahl	- same a	s 13			
CERTIFICATION	gove rise to imm couse (o), stotim underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT	g the lost	conditions co	fai	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 200. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA				
MEDICAL CERT	21a, ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHAT WORK AT WORK	AUSE OF DEA ALEXAMINER ED	TH HOUR A.I. P.J. 21e PLACE ((AT HOME, STR	M. MONTH DA M. OF INJURY GEET, FACTORY, OFFICE FA	RM, ETC)	211. HOW INJURY OCCURE		-3	YES B PART TOR PART 2) COUNTY	NO STATE	
	22b. SIGNATURE	d alive on id) (did no	viewlihe body	2 19	37-6/ ,01		//	STAFF	-		
23o. E	BURIAL, CREMATION,	ge B.	The second second second	fus, M.D.	AME OF C	Maple St.	Friendsv:		Maryland	/	
1	Burial O	λ	8/5/8			Cemetery	Oakla	nd	Garrett	Md.	
	Durst Funer	al H	ome - Oa	akland, Ma	aryla		REC'D. BY REGISTE		Dander .	URE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physishould be detached for use as the burial-transit permit. Then please remove corbompope with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, or remavail.

retained by the hospital or attending physician.

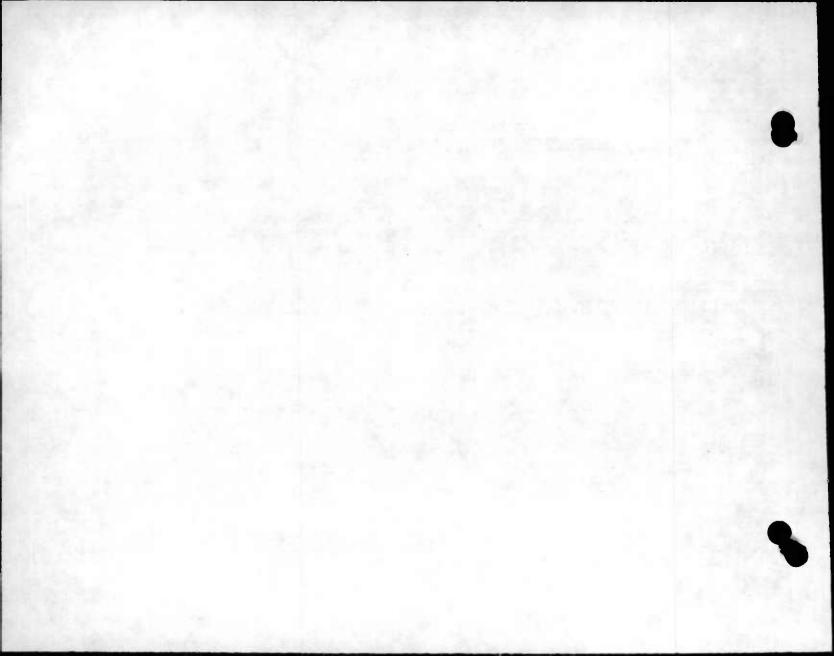
BP.

FOR - STATE

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Void Death Certificate #87-23615



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 2 CEASED NAME 63377 20 DATE KNOWN IN Th HOUR OF Bo DEATH MATED Norva Donald 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED 3:30 M DEAD 63 YRS Male White 21 1924 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE O MARRIED WEVER MARRIED FOREIGN COUNTRY) DOYYET WIDOWED DIVORCED Maryland ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY OperatingEngineer Paving Co. Friendsville Route 1 136 COUNTY 13a STATE 13c. CITY OR TOWN 34. INSIDE CITY LIMITS? 13e STREET ADDRESS NO W Friendsville Maryland Garrett 21531 Route 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST Alexander Donald Frazee Orpah Beatrice Fike 7. INFORMANT Route I, Box 8 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. [YES, NO. OR UNKNOWN] (IF YES, GIVE WAR OR DATES) Yes WW II 216-18-1642 Friendsville Nina M. Frazee MD 2153 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IRD "PENDING" IN PENCIL IN ITEM BETHER MEDICAL EXAMINER ALCONG WITH DISED AS A BURIAL-TRANSIT PERMIT OF HEATH AND MENIAL HYGIENE DIRIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY q IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. Disease VOTIO PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPPRATION WAS PERFORMED? 28 AUTOPSY? TO MEDICAL EXAMINER: THIS CRRIFICATE SHOILD SECUTE THE CRRIFICATE, WRITING THE WORD PORCE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USAFIER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIA NO P 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE WHILE WHILE AT WORK COUNTY 220 I certify that I taak charge of the remains pescribed above, held on Autopsy Inspection and in my opinion death resulted fram: Natural causes Accident Homicide L Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Stoltz MD 1en Ds Ville TYPE OR PRINT) ADDRESS 23d. LOCATION 23e BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY STATE Burial 8/18/87 Blooming Rose Cemetery Friendsville, Garrett 07/84 BP. AUG 2 0 1007 **DHMH - 17** Grantsville, MD (VR A15 ME (5))

STATE OF MARYLAND

Item 5, Film G630 8-18-87 STATE OF MARYLAND

1 - STATE per Funeral Home

REGISTRAR

PEASED NAME

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

1987

IF UNDER LYEAR

INDUSTRY

21561

Beckman

YES 🗍

2b. HOUR 4:50 a.

126. KIND OF BUSINESS OR

NO I

Building

IF UNDER 24 HRS

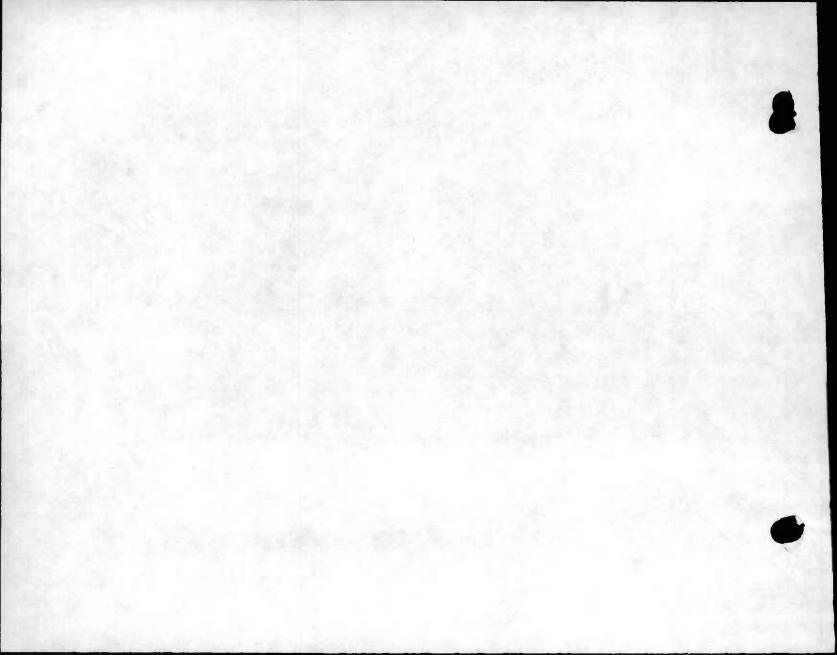
20 DATE OF DEATH MONTH

22a.1 certify that (1) (this hospital) a	ottended the deceased from	, 19	_, to	, 19, that (I) (we) lost
sow the deceased alive on above, (1) (we) (did) (did not) view	19, o	nd that in (my) (our) opinion de	oth occurred on the date and	hour and from the couses stated
226 SIGNATURE	w the body offer deoffi.	DEGREE		22c DATE SIGNED
Mean	Herre	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7-3-8
224 PHYSICIAN'S NAME TYPE OF PRIN		22e. ADDRESS		
Roger Lewis	, M.D.	Terra Alta,	W. Va.	
URIAL, CREMATION, REMOVAL 23	b. DATE 23c, NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	
Burial ()	/5/87 North	Glade Cemetery	Swanton	Garrett Md.
NERAL DIRECTOCOLUT)U	Wrust ADDRESS	250 DATE	REC'D. BY REGISTRAR 256. REC	SISTRAR'S SIGNATURE
urst Funeral Home	- Oakland, Maryla	nd 21550 AUG	7 1987 1.	· ~ · · ·
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Void Death Certificate #87-23618

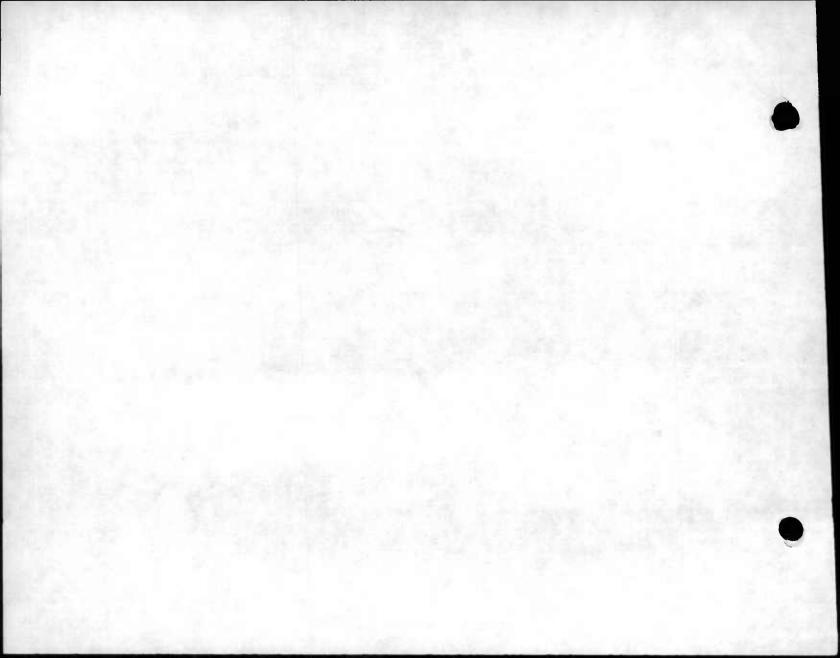


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REG. NO 20. DATE KNOWN TO Zh HOUR (TYPE OR PRINT) E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
D, WITHIN 72 HOURS 05301 DEATH MATED Jeffrey Scott Glover 1 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS. DATE 2d HOUR LAST BIRTHD AY RONOLINCED 05524 6/ 16/1965 DEAD Male White 34 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland USA DIVORCED ID. CITY OR TOWN OF DEATH 128 USUAL OCCUPATION LTYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Route 1, Accident-Bittinger Rd Accident Mechanic Garage USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION MD. 21201 113b. COUNTY 13e STREET ADDRESS 13d. INSIDE CITY HIMITS? Friendsville Maryland Garrett NO X Star Route, Box 80 21531 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Glover ALTIMORE. Lawrence Patty lou Cuppett 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMAN Star Route, Box 80 DIVISION Patty Lou Glover Friendsville, MD 2153] 212-90-0467 1R CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Depressed skull fracture MMEDIATE CAUSE (0)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Automobile accident gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? 219. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 5: 20 8-25 Single vehicle accident 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION Garrett Co AT WORK AT WHILE Accident-Bittinger Rd., Accident, MD STREET, FACTORY, FARM, ETC.) Street Inspection X Autopsy X 220. I certify that I took charge of the remains described above, held on ond in my opinion Accident X death resulted from: Notural couses Homicide Undetermined monner TITLE (SPECIFY) SIGNATURE MEDICAL EXAMINER George B. Stoltzfus, M.D. EXAMINER'S NAME Friendsville, MD (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 73r NAME OF CEMETERY OR CREMATORY 234 LOCATION Burial STATE 8/28/1987 McHenry, Oak Grove Cemetery 07/84 Garret N. FUNERAUDIRECTOR **DHMH - 17** (VR A15 ME (5)) Grantsville.

STATE OF MARYLAND

AUG 31 DER JELENINGELE

Void Death Certificate #87- 23620



063739

by the funeral director, page 3 filed within 72 hours ofter death

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 3 0 2

26.87	GISTRAR				CERTIF	ICATE OF DEATH	REGAN	10.		
	SED NAME	FIRST	,	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
THE ORF		llie	C	lyde	KNO	OTTS	August 5	, 1987	7	300 A
3 SEX			I. RACE		5. DATE O		6. AGE (IN YEARS LAST BE	RIHDAY) IF	UNDER I YEAR	IF UNDER 24 HR
	Male	-	Whi	te	Febru	lary 17, 1925	62	YRS.	VINS	HOURS MI
70. BIRTHI	PLACE (STATE OR F	OREIGN	b. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	F DEATH	
	Virgini	a	US	A	WIDOWE		Garrett			1
10. CITY C	OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND O	F BUSINESS C
0ak1	and					rial Hospital	Plumbing	,		abing C
USUAL RI	ESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE		
	Md.	-	rrett	Oaklar		YES NO X	Rt. 5, B		2	21550
14. FATHE	R'S NAME FIRST		AIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		145	
C	larence		lyde	Knotts		Essie	Gertrud	e (Straws	er
	DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		A KING
	0	(# 163, 0100	WAR OR DATES	236-32-5	730	Mrs. Mildred	A. Knotts	, See #	13 abo	ve
18	CAUSE OF DEAT	H (Enter onl	y one couse per	line lor (a), (b), and	d icin		,		BETWEEN	MATE INTERVAL
	PART I. DEATH W	AS CAUSED	BY: CAUSE (0)	72050	ira	to arres			Sud	lden
Ur	derlying cause	lost.	((c)_	RAS A CONSEQUE	I					iths
	KI 2 OTHER SIGN	NIFICANIC	ONDITIONS CO	ONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART TO	2.
CERTIFICATION	DATE OF OPERA	TION	19b. COND	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFY IN	NG CAUSES	
	ACCIDENT WAS UND	AUSE OF DEA	21b. TIME O HOUR A	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	I OR PART 2)	
W W	IN JURY OCCURE		21e. PLACE ({AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
220	I certify that U				87	3 19 8 -	7.10.8	10	87	that (f) (we) I
	now the pecessor	id did not	view the boile	after death.		nd that in (my) (our) apinion	death occurred on the c	late and hour o		1
	SIGNATURE	mon	el	2			MEDICAL STA	AFF CIAN [276 DATE	SIGNED
	aniel	AME (TYPE OF	(PRIN)	,DO		311 N. Fourt	th St., Oak	land,Md	. 215	550
23a. BURI	AL, CREMATION,	REMOVAL	23b. DATE	23€ ト	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	£1.4*f
(246.0	buri	al	8/7/8	7 Lar	itz R	idge Cemetery	Amboy,	Preston	, Wes	st Virg
24 FUNE	RAL DIRECTOR					25a DAT	E REC'D. BY REGISTRAL	25b. REGISTRA	R'S SIGNAT	
Brad	ley A. S	tewar	t Oak	land, Mar	yland	1 21550 AU	G 25 1987	France Kall	decome	undelle.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia should be detoched for use as the burial-transit permit. Then please remove corban popers, with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

retained by the haspital or attending physician.

BP.

AUG 25

BALTIMORE, MARYLAND 21201

PRESTON ST.

DIVISION OF VITAL RECORDS, 201 W.

-1 - STATE

1.5EX

CEASED NAME TYPE OR PRINT

Female G. BIRTHPLACE (STATE OF FOREIGN

CITY OR TOWN OF DEATH

Oakland

FIRST

(YES NO OR UNKNOWN)

No

Otto

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Maryland

FATHER'S NAME

Kathryn

4 RACE

USUAL RESIDENCE (IF NURSING ROME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136 STATE
136 COUNTY
136 CITY OR TOWN
Maricopa
Mesa

MIDDLE

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line in (a), (b), and (c) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

		NT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 2 3	ပံ ်	2 2	
	WIDDLE	1	AST	20. DATE OF DEATH	MONTH [DAY YEAR	2b HOUR
Ame	elia Mo	CRAC	CKEN	August 13,	, 1987		910A M
4 RACE		DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
Whit	:e	July	7 18, 1909	78	YRS.	AONTHS DAYS	HOURS MIN
USA	HOSPITAL, NURSING	HOME C	NEVER MARRIED DO DIVORCED DO ROTHER INSTITUTION	9 BALTIMORE CITY O Garrett 120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Housewife	ON	12b KIND O	MD. F BUSINESS OR
OTHER INSTITUTION TY .Copa	13c. CITY OR TOWN Mesa	OMISSION)	136 INSIDE CITY LIMITS? YES X NO	35 S. Mil		t.85206	
VIDDIE	Filsinger		15. MOTHER'S MAIDEN NA/ FIRST Pearl	ME	С	asteel	
AED FORCES?	166 SOCIAL SECURI	TY NO.	17 INFORMANT	ADDRE	SS		
WAR OR DATES)	200		Norman McCrac	cken, Mesa,	Arizo	na	
y ane cause per) BY: CAUSE (a)	line to (a), (b), and (brovasc. Ac	cident		BETWEENC	den
DUE TO, OI	R AS A CONSEQUEN	CE OF	Fibrilly to	N		Sud	den
DUE TO, OI	R AS A CONSEQUEN	CE OF	et Embo	lization		Sud	den
	ONTRIBUTING TO DE		NOT RELATED TO THE TERM	INAL DISEASE OR COND		EN IN PART TO	

LAST

1		Canditians, if any, which	(b)	DUENCE OF	Fibri	14 tion	V		Sudden
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	SUSP .	et E	m 601	ration		Sudden
	NON	PART 2. OTHER SIGNIFICANT COM	DITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE OR CONI	DITION GIVEN	IN PART Ita
	TIFICATI	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORME	D	200 AUTOPSY?		ERE FINDINGS USED G CAUSES OF DEATH?
	CAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM IS PART I	OR PART ?)
	MEDIC	216 INJURY OCCURRED HILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC)	211 LOCATION STREET		CITY OR TO	wn /	COUNTY STATE
		220 I certify that (I) (this hospital) saw the deceased alive an above, (I) (we) (did) (did not) vi	8 1/360			9) apınian de	, to		that (I) (we) las d from the causes stated
		22b. SIGNATURE	2/	1	PHY:	NDING SICIAN	MEDICAL STAF		8/14/87
		Dr. Robert Gor	alski, MD				h St., Oak	land, M	21550
		SPECIFY			EMETERY OR CREA		23d LOCATION CITY OF TOWN		DUNTY STATE
ŀ	24 FL	Burial	8/17/87	tast ke	st Haven		REC'D. BY REGISTRAR		oa, Arizona
		radley A. Stewart	Oakland, N	Marylan	d 21550	AUG	0 =		- my mydelle

DHMH - 16 60M 7/84 (VRA 15, 4)

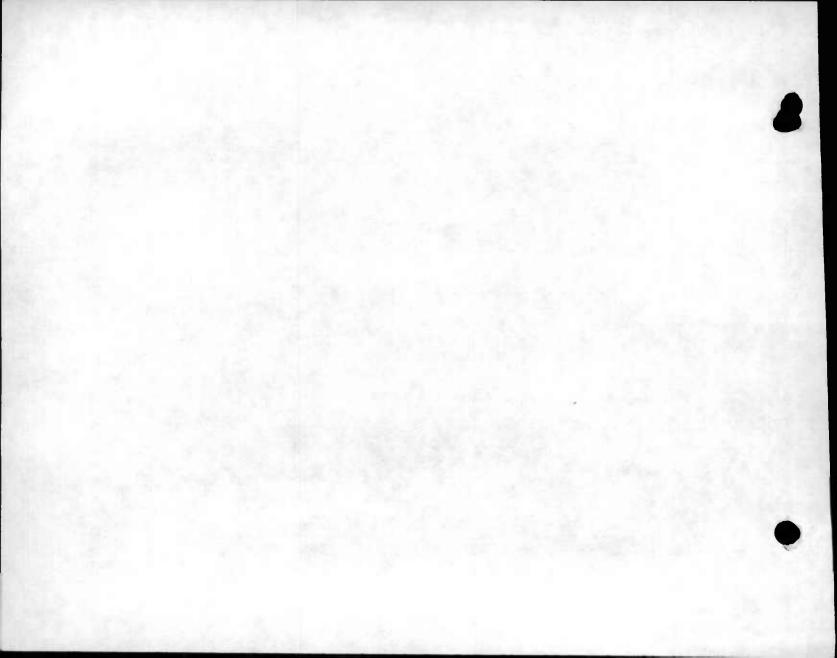
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

063740 AUG	20	STATE SISTRAR			DEI ARTI		ICATE OF DEATH	REG. N	0.		
O I TU NUO			FIRST		AIDDLE	l	AST	20. DATE OF DEATH	MONTH DA	YEAR 26	HOUR
by be oge 3 death	(TYPE OF		Carl	0	tis	McI	NTIRE	August 4	1987		705A M
pog pog er de	3. SEX			4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER LYEAR IF	UNDER 24 HRS
e 4 softer.		Male		Whit	e	Sept	. 27, 1909	77	YRS.	ONTHS DAYS H	OURS MIN.
1 1100	70 BIRT	HPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	0		9 BALTIMORE CITY C		OF DEATH	
£ 25085		t Virgini	а	USA		WIDOWE	D NEVER MARRIED	Gar	rett		MD.
		OR TOWN OF DE			HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND OF B	
1 11/4/	Oak	land		100	H FACILITY, GIVE STREET		ial Waamital	Owner)F WORKING LIFE)	Hardwa	re Comp
1 11 22	JSUAL	RESIDENCE (IF NURS	SING HOME O	ROTHER INSTITUTION			ial Hospital			narawa	TC OOMP
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Porto		sow the deceos above, (1) (we) (ed olive at did) (did n	at) view the bady	after death.	£).0	nd that in (my) (our) opinion	death occurred on the d	ote and hour	and from the cou	uses stated
hoo hoo hoo hoo hoo he hed ept.		26 SIGNATURE		1	1 1		DEGREE			22c. DATE SIC	GNED
the of the District of the Dis		Ohar	Sus	wx K	auxin	My	ATTENDING PHYSICIAN	MEDICAL STA		8/4/	ST
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TO HOSPITAL retoined by the TO FUNERAL Should be deto with the Stote IMPORTANT: IMPORTANT: IN	23n PI	RIAL, CREMATION					CEMETERY OR CREMATORY	23d LOCATION			
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BP	24 ELIN	JERAL DIRECTOR	.aı	0/0/	0/ 08	akianc		TE REC'D. BY REGISTRAN			
DHMH - 16 60M 7/84		radley A.	C+ c-	O	akland, N	A 1 -			C. C. C.	CHARLES CHARLON	
(VRA 15, 4)	B	radiey A.	ster	vart 0	akland, I	aryla	ina 21554 AU	0 50 1001 (

AUG 25 1987

Void Death Certificate #87-23624



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR E OR PRINT 20 DATE OF DEATH MONTH 26 HOUR 0 6 3 8 7 G AUG 26 Allen Stanley PAUGH, Sr. August 6, 1987 505A & AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR MINCH Male White Sept. 15, 1907 TO BIRTHPLACE (STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA WIDOWEDIX DIVORCED Garrett CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Oakland Rt. 1, Box 325 Farmer Farming USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? NO M 21550 Md. Garrett Oakland YES [] Rt. 1, Box 325 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Perlina Isaac Allen Paugh Sowers ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 235-22-2372 Mrs. Rose M. Nutt, Parkersburg, W.Va. No 18. CAUSE OF DEATH (Enter only one cause per line 16 ha), (b), and ic PART I, DEATH WAS CAUSED BY Months IMMEDIATE CAUSE (a), Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NOK YES T 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) ottended the deceased fram_ . 19_ . 19______ that (I) (we) last saw the deceased alive an abave, (I) (we) (did) (did not) view the bady after death. , and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 226. SIGNATUR DEGREE 22c DATE SJGNED MEDICAL ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Dr. A. E. Mance, MD Third St., oakland, Md. 21550 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84

BP

(VRA 15, 4)

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MPORTANT.

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ntol Hyg 8

Bradley A. Stewart

burial

24 FUNERAL DIRECTOR

Oakland, Maryland 21550 AUG 25

Garrett Co. Mem. Gds.

8/9/87

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Oakland, Garrett, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REG. NO REGISTRAR ZI PE TRINT KNOWN IN 20 DATE 26 HOUR OF ESTI-E. Poleman 8 RECTOR UR FILES. HOURS DEATH MATED Lawrence 19 4. RACE IF UNDER 1 YR. IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH DATE 6 LAST BIRTHDAY) PRONOUNCED 26 06 white DEAD Male 81 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Pennsylvania
10. CITY OR TOWN OF DEATH HIEF MEDICAL EXAMINER ALONG WITH FORM PAGES 1, 2, AND 3 TO THE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BETTED OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORD AND 1. 126 KIND OF BUSINESS II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! Construction Laborer Frostburg Finzel USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BE CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE Biogail Finze Maryland NO M 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST MIDDLE FIRST FIRST Glotfelty Poleman Anna Charles ADDRESS 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 130 Marie Poleman 160-20-81197 same as APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? **OPERATION** 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PROFE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BBIRIAL, YES [NO I 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 2To HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion death resulted from: Natural causes Accident Suride Homicide Undetermined manner TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b, DATE 8/18/ Mt.Zion Finzel Garr ett Burial 07/84 256 REGISTBAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** NAME Funeral Home (VR A15 ME (5))

63368 AUG 2187

Language Communication Commu

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NAME OF THE PARTY OF THE PARTY

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21723

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director, page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF MOATH

23627

								EG. NO.			
	CEASED NAME	FIRST	٨	AIDDLE	l	AST	20. DATE OF DE	ATH MON	NIH D	DAY YEAR	26 HOUR
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3 SE)	х	4	4 RACE		5. DATE C		6. AGE (IN YEARS	LAST BIRTHDA	AY)	IF UNDER I YEAR	HOURS A
	Male		Black		Decer	nber 25, 1901	85		YRS.	AUNTHS DATS	HOURS
	RTHPLACE ISTATE OR F	OREIGN 7	b. CITIZEN OF V	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED M	9 BALTIMORE (OUNTY	OF DEATH	
)	Oakland	ATH 1	(IF NOT IN SUCI	H FACILITY, GIVE STREET	ADDRESS)	or OTHER INSTITUTION	120. USUAL OCC (TYPE OF WORK FOR Unknow	MOST OF WO		E) INDUSTRY	of Business nown
30. S	AL RESIDENCE (IF NIRS	13b. COUNT		130. CITY OR TOW Washing	/N	13d INSIDE CITY LIMITS? YES MO	13e STREET ADD	RESS / ZI	P CODE		7999
14. FA	ATHER'S NAME FIRST Unkno		AIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST Unknows	MI	DDIE		į,	AS1
(1	WAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES)	166. SOCIAL SECU 214-03-		17. INFORMANT Patient rece				Marvla	ursing nd 215
	Canditians, if any, gave rise to imr cause (a), statin underlying cause	mediote ng the	(b)	R AS A CONSEQUE	rna	Meinic d	e hy	lra	tu		
FICATION	gave rise to immore cause (a), stating underlying cause	mediate ng the last. NIFICANT CO	DUE TO, OF	Hype RAS A CONSEQUE DITRIBUTING TO	ENCE OF LIVE DEATH BUT	Pernic d Paul NOT RELATED TO THE TERM N WAS PERFORMED	AINAL DISEASE OF	R CONDITI	ION GIVI	, WERE FIND YING CAUSE	INGS USED S OF DEATH?
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicing should be detached for use as the burial-transit permit. Then please remove carban paperity with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

etained by the hospital or attending physicia-

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	1 -	FOR STATE TEGISTRAR			DEPARTI		ICATE OF DEATH		NE 2 3	0 2	0		
٩	I. DEC	EASED NAME	FIRST		MIDDLE	1	AST	20	a. DATE OF DEATH	MONTH DA	YEAR	26 HOUR	
	(TYPE (OR PRINT)	Car1	R	oosevel	t S	Sharps, Si	r.	August 8	1987		4:45 A _m	
1	3. SEX			I. RACE		5. DATE C			AGE (IN YEARS LAST BIRT		FUNDER 1 YEAR	IF UNDER 24 HRS	
		Male		Whi	te	May	1 PAY 1905	R	82	ONTHS DAYS HOURS MIN.			
1		OUNTRY) W.Va.	OREIGN 7	D CITIZEN OF	what country? A	MARRIED NEVER MARRIED WIDOWED DIVORCED			9 BALTIMORE CITY <u>OR</u> COUNTY OF DEATH Garrett				
	10 CITY OR TOWN OF DEATH Oakland			LIE NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	ial Hospita		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Manager State Farm				
2	USUA 13a. S	L RESIDENCE (IF NURS TATE W.Va.	13b COUN	OTHER INSTITUTION TY Ston	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Terra Al	/N	13d. INSIDE CITY LIMI		Route 1	ZIP CODE 2676	4 99	1999	
20		ther's name first Frank S	harps	HDDLE	LAST				n Richards		LASI		
7		AS DECEASED EVER		WAR OR DATES	16b. SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRE	SS			
1	No				233-14-0	199	Carolyn 1	Deem	Rt 1 Box	57 Te	rra Alt		
-		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED	y one couse per BY: CAUSE (a)	line for (a), (b), ar	id (c).)	Zespin	try	- Amert			MATE INTERVAL DINSET AND DEATH	
	Z	Conditions, if ony gove rise to im- couse (a), stati- underlying couse PART 2 OTHER SIGN	nediate ng the last.	(b)	R AS A CONSEQUENT ON TRIBUTING TO	ENCE OF	D, CH	E TERMIN	C UPD	DITION GIVE	N IN PART 1:0	V.S	
1	CERTIFICATION	190. DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED		200 AUTOPSY? YES NO X		WERE FINDIN		
-		21a. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	in .	DE INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY O	CCURRED	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PAI	RT 1 OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE ONOT WHILE OAT WORK			OF INJURY REET, FACTORY, OFFICE,	211. LOCATION STREET		CITY OR TO	wN	COUNTY STATE			
		22a.1 certify that (1) (this baspital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19											
		DEGREE ATTENDING MCDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 222. DATE 91GNED										9IGNED	
		22d PHYSICIAN'S N Thomas		son, M.	D.		311 Nort	h Fou	urth St. Oa	akland	, MD 21	1550	
		SURIAL, CREMATION, SPECIFY) /Buri		23b. DATE 8-10-			lta Cemeter	ry	23d LOCATION CITY OF TOWN Terra A		county Prestor		
ij	24. FL	JNERAL DIRECTOR			ADDRESS		25		REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	De dass	
d	Art	thur H Wr	icht		TOWN 3			AUG	1 0 198/	U was	O sharmen Sara	~	

Terra

DHMH - 16 60M 7/84 (VRA 15, 4)

Arthur H. Wright

retained by the hospital or attending physicion.

IMPORTANT: If Item 21 is morked or Item 18 spaws any injury, or other traumotic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			REGISTRAR		MED	ICAL EXAMIN	ER'S CERT	IFIQATE O	F DEATH	A S REG	NO.	7	
63	7.4.4 AUG	1. DE	PRINT)	Roger	1	wayne	Skew	eris		DATE KNOWN OF ESTI- DEATH MATED		18 1987	26 HOUR
	V. PLEAS UR FILE 22 HOUR N STREE	3 SEX	4 RA		Sept. 19,	6 AGE (IN YEAR LAST BIRTHDA	RS IF UNDER 1		24 HRS. 2c.	DATE DNOUNCED DEAD	MONTH	DAY YEAR	10:0
-	FORSAR FOR ALL FOR ALL	70. BI	RTHPLACE (STATE OR REIGN COUNTRY) aryland		76 CITIZEN OF WHA			NEVER MARRIE	ED A	Garrett			I P M
_	O CARREST	10 CI	TY OR TOWN OF DE	ATH	11 NAME OF HOSP (IF NOT IN SUCH FACE Deep Cree	ITAL, NURSING HOME, LITY, GIVE STREET ADDRESS) EK Drive	, OR OTHER INS	NOITUTION	12a USUAL FOR MOST	OCCUPATION t of working Life) s sman			RY
100.00	1005	13e. S	Md.	136. COUNT Gari	Υ	RESIDENCE BEFORF ADMISSIO 13c. CITY OR TOWN Oakland	13d. INS YES		Rt.	ADDRESS 3, Box	164	21550)
-		W	THER'S NAME FIRST alter VAS DECEASED EVE	Rich		Skeweris	12/13/	Juanit		Virgin		Lewis	
	S AFTER GINE PAGE INISIO	{Y	NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	214-98-87			Skewe	eris, Se		above	
	IIN 24 HOUS IN ITEM 18. P. ALONG W. SJIT PERMIT. HYGIENE, D. MOVAL	7	PART I DEATH V	WAS CAUSED	E CAUSE (a) MU	or (a), (b), and (c).) Itiple inju S A CONSEQUENCE C		78	4			Sudde	AND DEATH
201 W. PR	UTED WITH IN PENCIL EXAMINES BIAL-TEAN D MENTAL ON, OR RE		gave rise to cause (a) statin lying cause last	immediate g the under-	(b) DUE TO, OR A	S A CONSEQUENCE O	DF.			/			
-	BE EXECT NOTING WEDICAL AS A BLIS ALTH AN	NOI	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE OR CON	OITION GIVEN IN PAR	T 1 to				
	CATE SHOULD HE WORD "PR THE CHIEF A ALD BE USED MENT OF HE TO BURKAL.	CERTIFICATION	190. DATE OF OPER			ON FOR WHICH OPERA				,		20 AUTOPSY?	
	SCETFICATE RITING THE W RDED TO THE RE 3 SHOULD TE DEDARTME OI PRIDE TO	EDICAL CE	UNDERLYING X CONTRIBUTING	OR CAUSE OF D	EATH 8:50 M.	MONTH DAY YEAR 8 18 19 8	37 Occu	pant in		fixed o			
	THIS CEI WARRDE PAGE 3 STATE DE	N.	WHILE NO.	WHILE XX	STREET, FACTO	RY, FARM, ETC.) ad	Deep C	reek Rd	, N	ACHENTY		Garrett	MD.
•	MEDICAL EXAMINER (ECUTE THE CERTIFICATI CECUTE THE CERTIFICATI CECUTE SHOULD BE FOR FUNERAL DIRECTOR FIER DEATH WITH THE MATIMORE, CHANGE		22s. I certify that death resulted fro ACTUAL		e of the remains descr		And In	, Inspection omicide, IE (SPECIFY) SISTANT	Undeterm	Inquiry	and in my o	9/10/	'87
	MEDIC ECUTE 1 AGE 4 SI FUNE FIER DE		EXAMINER'S NAME (TYPE OR PRINT)			lle, Jr, M.	MUDINE	22	enn St		Ba:	lto.MD.	
07 1 25M	¥ûà¥₹â	(5	buria		8/22/87	23c NAME OF CEM Fairview		у		and, Gar		Maryland	à"
2.31	DHMH - 17 (VR A15 ME (5))		radley A.	Stewa	rt Oaklar	nd, Marylan	d 21550	4110	25 19	GISTRAR 25b. R	EGISTRAR'S	SIGNATURE	

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2

									" RE					
		SEDNAME	FIRST		MIDDLE	l	AST	ė.	20. DATE OF DEA	HINOM HT	DAY	YEAR	26 HOU	R
6 3	(1YPE OR P	Ar	thur	Ch	arles	WHI	TE		August	1, 198	7		310	P
- 4	1 SEX			4 RACE		5. DATE C			6. AGE (IN YEARS)	(AST BIRTHDAY)	# UNDER		IF UNDER	24 HR
		Male	6 E	Whi	te	Nove	mber 8,	1897	89	YRS		DAYS	HOURS	AA IP
A				THE CITIZEN OF WHAT COUNTRY?			,			MORE CITY OR COUNTY OF DEATH				
X	Arkansas			USA MARRIE				RRIED -	Garr	Garrett				
7	10 CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL, NURSING HOME O			OR OTHER INSTITUTION 120 L		12a USUAL OCCUPATION 12b KIND OF BUS			BUSINE	55 (
(Oakland			Dennet	Dennett Road Manor N			Jursing Home		(TYPE OF WORK FOR MOST OF WORKING LIFE)				
-	USUAL R	RESIDENCE (IF NURS	SING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)							ming	
1	130. STATE Md. Garre							136 INSIDE CITY LIMITS?		13e STREET ADDRESS / ZIP CODE Route 3			21550	
-	14. FATHE	ER'S NAME	Journ		J Beer 1		15. MOTHER'S A							_
AZ:		Edward		MIDDLE	White		Ma		AH	DOLE	hocke	1A51		
1	16m 10/AS	DECEASED EVER	IN II S AP	MED EORCES?	166 SOCIAL SECU	IRITY NO	17 INFORMAN	-		ADDRESS	mocke	- y		_
11	(YES P	NO OR UNKNOWN)		E WAR OR DATES)	218-16-4				nito Po	1+1	MD	2.1	221	
-/	IN IN	No	1		210-10-	4127	Mrs. J	utta w	nite, Ba	Itimore				737.4.1
	18.	PART I. DEATH W	H (Enter on	ly one couse pe	r line for (a), (b), or	nd D			act		88		MATE INTER	
1		C / /		TE CAUSE (a)	CAYO	2	Le C	UNV				Su	dden	l
other	CC	gave rise to im- ouse (a), station anderlying cause	ng the	DUE TO, C	DR AS ACONSEOU	ENCE OF	Le 6	lox	Trad	ran	5	Ye	ars	
	NOI				ON TRIBUTING TO	<u>ITRIBUTING TO DEATH</u> BUT NOT RELATE ON FOR WHICH OPERATION WAS PERF					TION GIVEN IN PART TIO 206. IF YES, WERE FINDINGS USED IN CERTEFING CAUSES OF DEATH YES [7] NO [7]			
S ony Hory	¥0								28s AUTOPSY	7 20b. IF Y	YES, WERE	FINDIN	G5 USE	047
Sony allow	¥0		MON	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORM	MED	28s AUTOPSY	20b. IF 1 IN CER	YES, WERE THEYING C	FINDIN	G5 USE	047.
A September 1	L CERTIFICATION	ACCIDENT WAS UN	CAUSE OF DEA	JIL TIME I	DITION FOR WHICH DE INJURY LM. MONTH D	OPERATIO	N WAS PERFORM	MED	18s AUTOPSY	20b. IF 1 IN CER	YES, WERE THEYING C	FINDIN	G5 USE	047.
2 Son along	AL CERTIFICATION	ACCIDENT WAS UP-	CAUSE OF DE	INE COND INE TIME I HOUR A	DITION FOR WHICH	OPERATIO	III. HOW INJU	WED .	70s AUTOPSV YES NO ED (ENTERNATURE	7 JOB. IF 1 IN CER Of STRUCT STATES 1	YES, WERE THYING C YES []	FINDIN	GS USE OF DEAT NO	DH7.
ad on ten of the party injury	EDICAL CERTIFICATION	ACCIDENT WAS UP- RECONTRIBUTING [] IN DIVINE NOTICE WED A MUJURY OCCUR	CAUSE OF DEALER DE	JIL TIME! HOUR A	DITION FOR WHICH DE INJURY L.M. MONTH D	OPERATION YEAR 19	IN WAS FERFORM	WED .	70s AUTOPSV YES NO ED (ENTERNATURE	20b. IF 1 IN CER	YES, WERE THYING C YES []	FINDIN	GS USE OF DEAT NO	DH7.
Sarked on the Till Mich ony illumy	MEDICAL CERTIFICATION	E DATE OF OPERA ACCIDENT WAS UP ACCIDE	CAUSE OF THE COMMENT OF T	IND. CONE IND. TIME I HOUR A II III III III III III III I	DITION FOR WHICH OF INJURY OF INJURY OF INJURY DEET, FACTORY OFFICE	OPERATION YEAR 19	III. HOW INJU	WED .	70s AUTOPSV YES NO ED (ENTERNATURE	7 JOB. IF 1 IN CER Of STRUCT STATES 1	YES, WERE THYING C YES []	FINDIN	GS USE OF DEAT NO	DH7.
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And a marked of the State of All And Andrews	MEDICAL CERTIFICATION	E ACCIDENT WAS UP- BE CONTRIBUTING [] IN DITHER MOTHER WAD A INJURY OCCUR WHILE [] HID W ANDRE [] HID W ANDRE [] SOW THE deced	CHITTHIS CONTROL CANDEL	IND. CONE IND. TIME I HOUR A II III III III III III III I	DITION FOR WHICH OF INJURY OF INJURY OF INJURY DEET, FACTORY OFFICE	OPERATION YEAR 19	THE LOCATION STREET	JRY OCCURS 19 19 up opinion c	70s AUTOPSV VES NC ED LEHTER HATURE	7 JOB IF IN CER	YES, WERE TEVING C	FINDIN AUSES	GS USE OF DEAT NO	mer.
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Oakland, V

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